

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant SubmissionORI: CA0349400 Type of Application: LICENSE

Code assigned by DOJ

Job Title or Type of License, Certification or Permit: (Check One) ☐ Secondhand Dealer ☐ Pawnbroker

Agency Address Set Contributing Agency:

DOJ/BCIA SECONDHAND DEALER/PAWNBROKER UNIT05467

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

P O. BOX 903387N/A

Street No Street or PO Box

Contact Name (Mandatory for all school submissions)

SACRAMENTOCA94203-3870

City

State

Zip Code

Contact Telephone No.

Name of Applicant:

(Please print)

Last

First

MI

Alias:

Last

First

Driver's License No:

Date of Birth:

Sex:

☐

Male

☐

Female

Misc. No. BIL -

BIL - Applicant to pay at Site

Agency Billing Number

Height:

Weight:

Misc. Number:

Home Address:

Eye Color:

Hair Color:

Street No

Street or PO Box

Place of Birth:

City, State and Zip Code

Social Security Number:

Your Number:

DOJ ONLY - DO NOT CHECK FBI

OCA No (Agency Identifying No)

Level of Service:

☐

DOJ

☐

FBI

If resubmission, list Original ATI
Number:

Employer: (Additional response for agencies specified by statute)

N/A

Employer Name

N/AN/A

Street No

Street or PO Box

Mail Code (five digit code assigned by DOJ)

N/AN/A

City

State

Zip Code

Agency Telephone No (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

ATI No

Amount Collected/Billed